

8th GENEVA SPINE COURSE

Sagittal balance

Master course



REGISTRATION

Please return this form by email : sagittalcourse@gmail.com

PARTICIPANT INFORMATION

To be completed in block letter and sent with payment receipt

Family Name : First (given) Name :

Institution : Postal address :

ZIP Code : City/Country :

Phone : Fax :

E-mail :

REGISTRATION

Sagittal balance course, September 18, 2020 ☐ 480€

Dinner, September 18, 2020 ☐ 80€

Workshop, September 19, 2020 ☐ 330€

PAYMENT

☐ CREDIT CARD

No registration will be processed unless accompanied by payment. I authorize FASTER to charge my credit card the amount of Euros

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

CC Number: Expiration date: /

3 last CBC numbers on the back of the card: I I

Name of the Credit Card Holder :

☐ BANK DRAFT

Banque Migros

Beneficiary name : FASTER

IBAN : CH02 0840 1000 0579 9241 0

BIC : MIGRCHZZ80A

SIGNATURE :

All payment must be in € (Euro) only, net of all bank changes.

A copy of bank transfer must be sent together with the Registration Form.